



Town of FOUNTAIN HILLS

Application For Employment

16836 E. Palisades Blvd.
P.O. Box 17958
Fountain Hills, AZ 85269

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Website	
<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last Name		First Name	
		Middle Name	
Address		City	
Number		State	
Street		Zipcode	
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filled an application with us before?

☐ Yes ☐ No

If Yes, give date

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony or have any pending criminal charges? *Conviction will not necessarily disqualify an applicant from employment.*

☐ Yes ☐ No

If yes, please explain

COMMITTED TO EQUAL OPPORTUNITY, REASONABLE ACCOMMODATION, AND A SMOKE FREE / DRUG FREE WORKPLACE.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Optional: Indicate any foreign languages you can speak, read and / or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may be job related.
<div></div> <div></div> <div></div>

Describe any job-related training received in the United States Military.
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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

___ PC

___ Microsoft Excel

Production/Mobile
Machinery (list):

Other (list):

___ Calculator

___ Microsoft Word

___ Fax

___ PBX System

State any additional information you feel may be helpful to us in considering your application.

References

1. _____ ()
(Name) Phone #

(Address)

2. _____ ()
(Name) Phone #

(Address)

3. _____ ()
(Name) Phone #

(Address)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date _____

By _____
NAME AND TITLE DATE
